

## FORM 8. Entry of Appearance

## UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT

Icon Health &amp; Fitness, Inc. v. Polar Fitness Oy

No. 15-1891

## ENTRY OF APPEARANCE

(INSTRUCTIONS: Counsel should refer to Federal Circuit Rule 47.3. Pro se petitioners and appellants should read paragraphs 1 and 18 of the Guide for Pro Se Petitioners and Appellants. File this form with the clerk within 14 days of the date of docketing and serve a copy of it on the principal attorney for each party.)

Please enter my appearance (select one):

☐ Pro Se☒ As counsel for:Icon Health & Fitness, Inc.  
Name of party

I am, or the party I represent is (select one):

☐ Petitioner☐ Respondent☐ Amicus curiae☐ Cross Appellant☒ Appellant☐ Appellee☐ Intervenor

As amicus curiae or intervenor, this party supports (select one):

☐ Petitioner or appellant☐ Respondent or appellee

My address and telephone are:

Name: Larry R. Laycock

Law firm: Maschoff Brennan PLLC

Address: 201 South Main Street, Suite 600

City, State and ZIP: Salt Lake City, Utah 84111

Telephone: 801-297-1851

Fax #: 435-252-1361

E-mail address: llaycock@mabr.com

Statement to be completed by counsel only (select one):

☒ I am the principal attorney for this party in this case and will accept all service for the party. I agree to inform all other counsel in this case of the matters served upon me.

☐ I am replacing \_\_\_\_\_ as the principal attorney who will/will not remain on the case. [Government attorneys only.]

☐ I am not the principal attorney for this party in this case.

Date admitted to Federal Circuit bar (counsel only): July 22, 1991

This is my first appearance before the United States Court of Appeals for the Federal Circuit (counsel only):

☐ Yes ☒ No☐ A courtroom accessible to the handicapped is required if oral argument is scheduled.

8-13-15

Date

*Larry R. Laycock*  
Signature of pro se or counsel

cc: \_\_\_\_\_

FORM 30. Certificate of Service

**UNITED STATES COURT OF APPEALS  
FOR THE FEDERAL CIRCUIT**

**CERTIFICATE OF SERVICE**

I certify that I served a copy on counsel of record on  
by:

Aug 14, 2015

- ☐ US mail  
☐ Fax  
☐ Hand  
☒ Electronic Means  
(by email or CM/ECF)

R. Parrish Freeman

Name of Counsel

/s/ R. Parrish Freeman

Signature of Counsel

Law Firm

Maschoff Brennan PLLC

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NOTE: For attorneys filing documents electronically, the name of the filer under whose log-in and password a document is submitted must be preceded by an "/s/" and typed in the space where the signature would otherwise appear. Graphic and other electronic signatures are discouraged.